



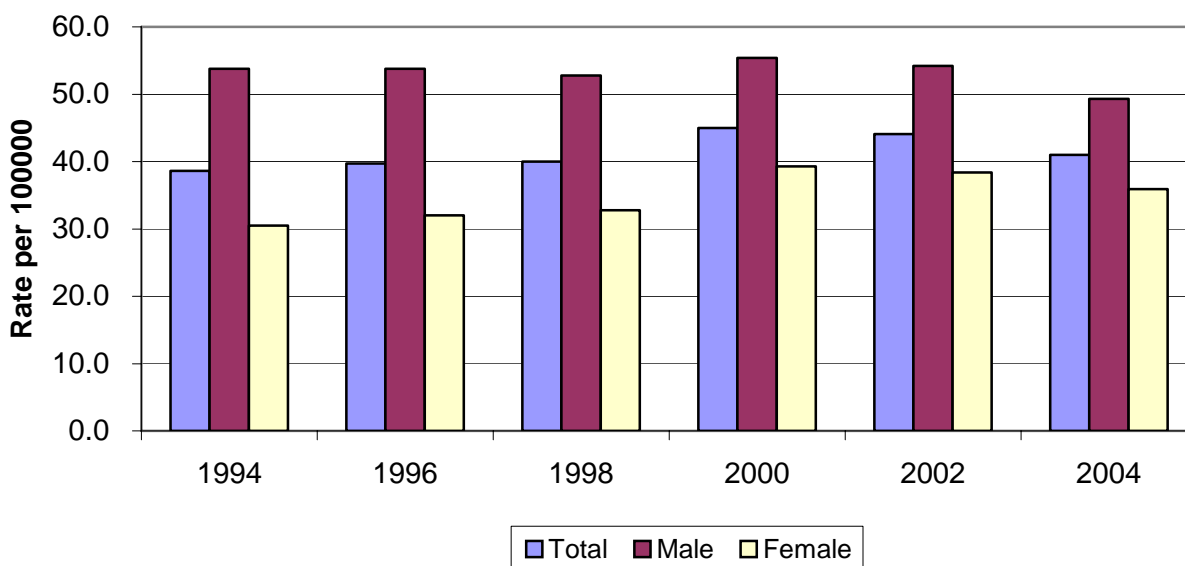
Topic: Respiratory Diseases

21. Chronic Lower Respiratory Disease Deaths

Chronic Lower Respiratory Disease (CLRD) is comprised of many conditions such as emphysema and chronic bronchitis. In emphysema, the small air sacs in the lung (called alveoli) are destroyed. With bronchitis, the lining of the airways that lead to the lungs becomes irritated, inflamed, and swollen. CLRD deaths can be reduced by changes in lifestyle, such as quitting smoking.

How are we doing?

**Chronic Lower Respiratory Disease Death Rates
In Michigan, 1994-2004**



Chronic lower respiratory disease (CLRD) is currently the fourth leading cause of all deaths in Michigan and the seventh leading cause of Years of Potential Life Lost (YPLL) for people below the age of 75.

How does Michigan compare with the U.S.?

Michigan's 2000 age-adjusted death rate of 45.2 per 100,000 was similar to the U.S. rate of 44.3 per 100,000. CLRD was the fourth leading cause of all deaths in the U.S. and the tenth leading cause of YPLL in 1999. Starting in 1999, cause of death is coded using ICD-10, a different coding system than ICD-9. Thus, for certain causes of death, differences in numbers and rates of death in pre- and post-1999 data may be due to this change. For CLRD-related mortality, the new coding scheme identifies approximately five percent more deaths than the previous coding scheme. This may account for the increased rate of death caused by CLRD beginning in 1999.



How are different populations affected?

CLRD occurs most often in older people. In Michigan, 60% of CLRD deaths occurred to individuals aged 75 or older in 2001. Men are also more likely to die of CLRD than women.

In 2001, the age-adjusted rate was 55.9 per 100,000 for men and 35.9 per 100,000 for women. The difference between men and women is becoming less pronounced. This may be related to changing patterns of smoking.

The age-adjusted rate of death from CLRD is generally higher for Whites than for Blacks. In 2001, the rate for Whites in Michigan was 44.4, while the rate for Blacks was 30.4 per 100,000.

What is the Department of Community Health doing to improve this indicator?

As smoking is a major cause of CLRD, the MDCH works to decrease tobacco use. Programs include promoting strong public and voluntary policies to increase awareness of the dangers of tobacco use and secondhand smoke; preventing the sale and promotion of tobacco to youth; and a statewide media campaign with prevention, cessation, and secondhand smoke messages.